

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573203

FILING DATE

MAR 24 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
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TOTAL IND.	/	↓	/	↓		↓
TOTAL DEP.	10	←	7	←		←
TOTAL CLAIMS	11	[ ]	8	[ ]	[ ]	[ ]

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↓		
TOTAL DEP.					↓	
TOTAL CLAIMS						↓